

<b>REQUEST FOR PERSONNEL ACTION</b>								DATE PREPARED								
								19 October 1965								
1. SERIAL NUMBER		2. NAME (Last—First—Middle)														
		ADAMSKI, Walter NMI														
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED				5. CATEGORY OF EMPLOYMENT										
Excepted appointment		MONTH		DAY		YEAR		Regular								
6. FUNDS 		7. COST CENTER NO. CHARGEABLE				8. LEGAL AUTHORITY (Completed by Office of Personnel)										
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION				Washington, D. C.										
DD/S&T O/DD/S&T Unassigned																
11. POSITION TITLE		12. POSITION NUMBER				13. CAREER SERVICE DESIGNATION										
IO-Physical Scien																
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
GS				*		\$ *										
18. REMARKS																
<p>Subject will require an SI clearance.  Subject to satisfactory completion of one-year trial period.</p> <p>Grade and salary to be determined.</p> <p>REQUEST 60-day EXPEDITE SECURITY CLEARANCE.</p>																
11. DATE SIGNED				18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED								
								19 Oct 65								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. CODE	24. HQTRS. CODE	25. DATE OF BIRTH			26. DATE OF GRADE			27. DATE OF LEI			
		Numeric	Alphabetic				MO.	DA.	YR.	MO.	DA.	YR.	MO.	DA.	YR.	
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA			31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			EOD DATA			33. SECURITY REQ. NO.		34. SEX	
MO.	DA.		YR.	1—CSC	CODE		TYPE	MO.	DA.				YR.			
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE			38. CAREER CATEGORY			39. FEGLI/HEALTH INSURANCE			40. SOCIAL SECURITY NO.				
CODE	0—NONE 1—5 PT. 2—10 PT.	MO.	DA.	YR.	MO.	DA.	YR.	CAR/RESV PROV/TEMP	CODE	CODE	0—WAIVER 1—YES	HEALTH INS. CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA					42. LEAVE CAT. CODE	43. FEDERAL TAX DATA					44. STATE TAX DATA					
CODE	0—NO PREVIOUS SERVICE 1—NO BREAK IN SERVICE 2—BREAK IN SERVICE (LESS THAN 3 YEARS) 3—BREAK IN SERVICE (MORE THAN 3 YEARS)					FORM EXECUTED	CODE	NO. TAX EXEMPTIONS			FORM EXECUTED	CODE	NO. TAX EXEMPT.	STATE CODE		
45. POSITION CONTROL CERTIFICATION								46. O.P. APPROVAL						DATE APPROVED		

**EMPLOYEE NOTICE OF RESIGNATION**

I RESIGN EFFECTIVE \_\_\_\_\_ FOR THE FOLLOWING REASON:  
(Date)

MY LAST WORKING DAY WILL BE—	DATE SIGNED	SIGNATURE OF EMPLOYEE
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FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

**INSTRUCTIONS**

Items 1 thru 7 and Items 9 thru 18a } — The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary-Part Time		

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

**FIRST LINE**  Major Component (*Director, Deputy Director, etc.*)  
 Office, Major Staff, etc.  
 Foreign Field or U.S. Field (*if pertinent*)  
 Division or Staff (*subordinate to first line*)  
 Branch  
 Section  
 Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, *the gaining Career Service should approve* and the other Career Service should concur in Item 18, Remarks.

**ROUTING**— The original only of this form will be forwarded to the Office of Personnel *through* the appropriate Career Service official(s). In the case of requests specified in , which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.